

10/20/00  
JC949 U.S. PTO

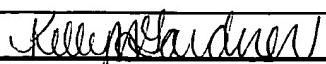
10-23-00

PTO 607920  
JC921 U.S. PTO

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		<i>Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)</i>	<i>10-23-00</i>
		<i>Attorney Docket No.</i>	<b>A-6685</b>
		<i>First Inventor or Application No.</i>	<b>BANKER ET AL.</b>
		<i>Title</i>	<b>MEDIA ON DEMAND TITLE INDEXING SYSTEM</b>
		<i>Express Mail Label No.</i>	<b>EL687173025US</b>

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>		<b>ADDRESS TO:</b> Box Patent Application Commissioner for Patents Washington DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(Submit an original and duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>2526</u> ]		5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(e.g. PTO/SB/17)</i> <ol style="list-style-type: none"> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li><input type="checkbox"/> Statement verifying identity of above copies</li> </ol>
3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>17</u> ] 4. Oath or Declaration [Total Pages <u>8</u> ] <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> Newly executed (original or copy) (NOT EXECUTED)</li> <li><input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))  <i>(for continuation/divisional with Box 16 completed)</i> <ol style="list-style-type: none"> <li><input type="checkbox"/> <u>DELETION OF INVENTORS</u>            Signed statement attached deleting inventor(s)            named in the prior application, see            37 C.F.R. §§ 1.63(d)(2) and 1.33(b)</li> </ol> </li> </ol>		<b>ACCOMPANYING APPLICATION PARTS</b> <ol style="list-style-type: none"> <li><input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li><input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney  <i>(when there is an assignee)</i></li> <li><input type="checkbox"/> English Translation Document (if applicable)</li> <li><input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</li> <li><input type="checkbox"/> Preliminary Amendment</li> <li><input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <i>(Should be specifically itemized)</i></li> <li><input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired</li> <li><input type="checkbox"/> Certified Copy of Priority Document(s)  <i>(If foreign priority is claimed)</i></li> <li><input type="checkbox"/> Other:</li> </ol>
16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: 09/590,488 <small>Prior application information: Examiner: UNKNOWN Group Art Unit: 2755</small>		

<input checked="" type="checkbox"/> Customer Number or Bar Code 		<small>or</small> <input type="checkbox"/> Correspondence address below <hr/> <hr/> <hr/>	
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Name (Print/type)	KELLY A. GARDNER	Registration No. (Attorney/Agent)	35,147
Signature		Date	OCTOBER 19, 2000

Docket No.: A-6685

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JC921 U.S. PTO  
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UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: BANKER ET AL.  
DOCKET NO.: A-6685  
TITLE: MEDIA ON DEMAND TITLE INDEXING SYSTEM

OCTOBER 19, 2000

FEE TRANSMITTAL FORM

Box PATENT APPLICATION  
Commissioner for Patents  
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	4	3	1	\$ 80.00	\$80.00
Total Claims	38	20	18	\$ 18.00	\$324.00
Multiple Dependent Claims				\$270.00	\$000.00
Basic Filing Fee				\$710.00	\$710.00
Total Filing Fee					\$1114.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

By: Kelly Gardner

KELLY A. GARDNER  
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Fax No.: (770) 903-4806

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL in an envelope addressed to:

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on OCTOBER 19, 2000.

Marcia Burdick  
Marcia Burdick